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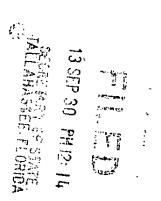
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COVER LETTER

TO: Registration Section
Division of Corporations

BRAT PROPERTIES, LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

LOIS A FREDRICKS

Name of Person

BRAT PROPERIES LLC

Firm/Company

1501 R. J CONLAN BLVD #170

Address

PALM BAY, FL., 32905

City/State and Zip Code

LOIS@LFREDRICKS.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

LOIS A FREDRICKS

,321,308-0660

Name of Person

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

■ \$25.00 Filing Fee

□\$30.00 Filing Fee & Certificate of Status

□\$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed)

S60.00 Filing Fee, Certificate of Status & Certified Copy:

(additional copy is enclosed)

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| BRAT PROPERTIES, LLC | | | | | |
|--|---|--|--|--|--|
| (Name of the Limited Liability Compa (A Florida Limited L | ny as it now appears on our records.) iability Company) | | | | |
| The Articles of Organization for this Limited Liability Company Florida document number <u>L05000029919</u> | were filed on 03/25/2005 | and assigned | | | |
| This amendment is submitted to amend the following: | | • | | | |
| A. If amending name, enter the new name of the limited liab | ility company here: | | | | |
| The new name must be distinguishable and end with the words "Limi | ited Liability Company," the designation | "LLC" or the abbreviation | | | |
| "L.L.C." Enter new principal offices address, if applicable: | BRAT PROPERTIES LLC | | | | |
| (Principal office address MUST BE A STREET ADDRESS) | 1501 ROBERT J CONLAN | BLVD #170 | | | |
| | PALM BAY, FL., 32905 | Par w | | | |
| Enter new mailing address, if applicable: | BRAT PROPERTIES LLC | A ST | | | |
| (Mailing address MAY BE A POST OFFICE BOX) | 1501 ROBERT J CONLAN | BLVD #170 | | | |
| | PALM BAY, FL., 32905 | 75 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 | | | |
| B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her | fice address on our records, <u>ente</u> | r the name of the new | | | |
| Name of New Registered Agent: | | | | | |
| New Registered Office Address: | | _ | | | |
| | Enter Florida street address | | | | |
| | , Florida | | | | |
| | City | Zip Code | | | |

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

| MGR = M MGRM = | anager Managing Member | | |
|-------------------|---------------------------|---------|--|
| <u>Title</u> | Name | Address | Type of Action |
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| | Signature of a member of authorized representative of a member |
| | Signature of a member of authorized representative of a member LOISA FREDRICKS |

ped or printed name of sign

Page 3 of 3

Filing Fee: \$25.00

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